Guidelines for Field Triage of Injured Patients

1. Measure vital signs and level of consciousness
   - Glasgow Coma Scale ≤13
   - Systolic Blood Pressure (mmHg) <90 mmHg
   - Respiratory Rate <10 or >29 breaths per minute, or need for ventilatory support (<20 in infant aged <1 year)

2. Assess anatomy of injury
   - All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee
   - Chest wall instability or deformity (e.g. flail chest)
   - Two or more proximal long-bone fractures
   - Crushed, degloved, mangled, or pulseless extremity
   - Amputation proximal to wrist or ankle
   - Pelvic fractures
   - Open or depressed skull fracture
   - Paralysis

3. Assess mechanism of injury and evidence of high-energy impact
   - Falls
     - Adults: >20 feet (one story is equal to 10 feet)
     - Children: >10 feet or two or three times the height of the child
   - High-risk auto crash
     - Intrusion, including roof: >12 inches occupant site; >18 inches any site
     - Ejection (partial or complete) from automobile
     - Death in same passenger compartment
     - Vehicle telemetry data consistent with a high risk of injury
   - Auto vs. pedestrian/bicyclist thrown, run over, or with significant (>20 mph) impact
   - Motorcycle crash >20 mph

4. Assess special patient or system considerations
   - Older Adults
     - Risk of injury/death increases after age 55 years
     - SBP <110 may represent shock after age 65
     - Low impact mechanisms (e.g. ground level falls) may result in severe injury
   - Children
     - Should be triaged preferentially to pediatric capable trauma centers
   - Anticoagulants and bleeding disorders
     - Patients with head injury are at high risk for rapid deterioration
   - Burns
     - Without other trauma mechanism: triage to burn facility
     - With trauma mechanism: triage to trauma center
   - Pregnancy >20 weeks
   - EMS provider judgment

When in doubt, transport to a trauma center.

*Anatomical Criteria courtesy of the CDC @ www.cdc.gov/Fieldtriage

CATEGORY I & II TRAUMA
- Requires immediate transport to a trauma center (Level I or II), if ground transport time is less than 45 minutes
- When ground transport is believed to exceed 45 minutes, air medical transport should be immediately considered.
- If neither of the above options are optimal, transport to a Level 3 (preferred) or Level 4 trauma center
- If no credentialed trauma center is available by ground or air within 45 minutes and either of the following criteria exist:
  - Airway Compromise that cannot be controlled by EMS personnel
  - Hemodynamic instability that cannot be controlled by EMS personnel
- The patient(s) should be transported to the closest appropriate medical facility for stabilization prior to transport to definitive care.
- Notify Trauma Center ASAP (Including category and ETA).

CATEGORY III TRAUMA
- Transport by ground to closest Trauma Center (Level 1, 2, 3, or 4)
- If transport to a credentialed trauma center is not within 45 minutes by ground, the patient may be transported to the closest appropriate facility in the geographical area.
- Frequently reassess for Category I or II criteria. If at any time during transport, the patient can be reclassified under Category I or II criteria, the destination decision tree for Category I or II shall be instituted.

CATEGORY IV TRAUMA
- TRANSPORT TO CLOSEST APPROPRIATE RECEIVING FACILITY:
  - Frequently reassess for Category 1 or 2 criteria
  - Contact medical direction, if in doubt about appropriate destination